# Requesting Prior Authorization

## Complete the ProviderOne Authorization Intake Process

### This Guide Is Designed to Prepare You to:

- Locate the General Information for Authorization form, HCA 13-835
- Fill out the Authorization Form with the Required Information
- Navigate ProviderOne Paper and Fax Intake Process
- Check on the Status of an Authorization Request
- Submit Additional Supporting Documentation with the Agency Cover Sheets When Needed

**Note:** This chapter does not apply to pharmacy authorization, Long Term Acute Care (LTAC), or Physical Medicine and Rehabilitation (PM&R) admissions.

### Why Requesting Prior Authorization Is an Important Activity?

Some Medicaid-covered procedures require Prior Authorization. If providers need to determine if the service requires authorization, review the "Client Eligibility, Benefit Packages, and Coverage Limits" chapter of the ProviderOne Billing and Resource Guide. This chapter will discuss how to submit an authorization request. Submitting the request according to the Agency's guidelines will help expedite the authorization process.

Note: Authorization for services does not guarantee payment. Providers must meet administrative requirements (e.g. client eligibility, claim timelines, third-party insurance, etc.) before the Agency pays for services.

## Disclaimer

A contract, known as the Core Provider Agreement, governs the relationship between the Agency and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state law, Agency rules and regulations, and Agency program policies, numbered memoranda, and billing instructions, including this Guide. Providers must submit a claim in accordance with the Agency rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service.

Every effort has been made to ensure this Guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

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# Requesting Prior Authorization

## The Key Steps

### 1. Complete Authorization Form 13-835

### 2. Submit Authorization Request to the Agency with required back-up

### 3. Check the Status of a Request

### 4. Send in Additional Documentation if Requested by the Agency

Key Step

1

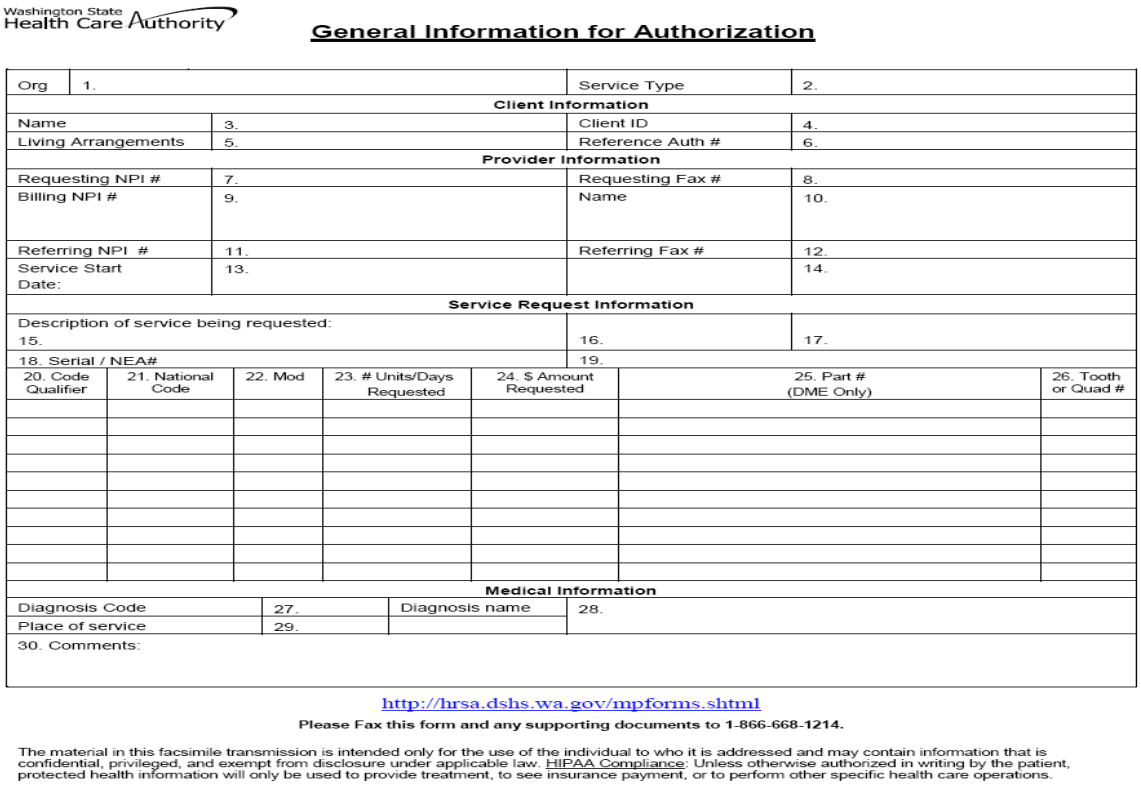
# Complete Authorization Form 13-835

## Why

To begin the authorization process providers need to complete HCA Form 13-835. ProviderOne can begin processing the authorization request once the Agency receives this form filled out correctly.

## How

Access the online authorization form 13-835 at http://hrsa.dshs.wa.gov/mpforms.shtml. Forms are listed in numerical order. Scroll down to find form 13-835. Providers can also find the form by using "Control F" and enter 13-835 in the find window.



Washington State Health Care Authority

**General Information for Authorization**

| | | | |
|---|---|---|---|
| Org | 1. | Service Type | 2. |
| **Client Information** | | | |
| Name | 3. | Client ID | 4. |
| Living Arrangements | 5. | Reference Auth # | 6. |
| **Provider Information** | | | |
| Requesting NPI # | 7. | Requesting Fax # | 8. |
| Billing NPI # | 9. | Name | 10. |
| Referring NPI # | 11. | Referring Fax # | 12. |
| Service Start Date: | 13. | | 14. |
| **Service Request Information** | | | |
| Description of service being requested: 15. | | 16. | 17. |
| 18. Serial / NEA# | | 19. | |

| 20. Code Qualifier | 21. National Code | 22. Mod | 23. # Units/Days Requested | 24. $ Amount Requested | 25. Part # (DME Only) | 26. Tooth or Quad # |
|---|---|---|---|---|---|---|
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|---|---|---|---|
| **Medical Information** | | | |
| Diagnosis Code | 27. | Diagnosis name | 28. |
| Place of service | 29. | | |
| 30. Comments: | | | |

http://hrsa.dshs.wa.gov/mpforms.shtml

**Please Fax this form and any supporting documents to 1-866-668-1214.**

The material in this facsimile transmission is intended only for the use of the individual to who it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to see insurance payment, or to perform other specific health care operations.

HCA 13-835 (8/2011)

Type in the required fields before printing the form. The table below describes what information should be placed in each field. This table is also located online after the authorization form.

| Field | Name | Action |
|---|---|---|
| | | ALL FIELDS MUST BE TYPED |
| **1** | Org **(Required)** | Enter the Number that Matches the Program/Unit for the Request<br><br>Enter the Number that Matches the Program/Unit for the Request<br>501 - Dental<br>502 - Durable Medical Equipment (DME)<br>504 - Home Health<br>505 - Hospice<br>506 - Inpatient Hospital<br>508 - Medical<br>509 - Medical Nutrition<br>511 - Outpt Proc/Diag<br>513 - Physical Medicine & Rehabilitation (PM & R)<br>514 - Aging and Disability Services Administration (ADSA)<br>518 – LTAC<br>519 – Respiratory<br>521 – Maternity Support |
| **2** | Service Type **(Required)** | Enter the letter(s) in all CAPS that represent the service type you are requesting.<br>If you selected "501 — **Dental**" for field #1, please select one of the following codes for this field:<br><br>ASC for ASC<br>CWN for Crowns<br>DEN for Dentures<br>DP for Denture/Partial<br>ERSO for ERSO-PA<br>IP for In-Patient<br>ODC for Orthodontic<br>OUTP for Out-Patient<br>PSM for Perio-Scaling/Maintenance<br>PTL for Partial<br>RBS for Rebases<br>RLNS for Relines<br>MISC for Miscellaneous<br><br>If you selected "502 – **Durable Medical Equipment (DME)**" for field #1, please select one of the following codes for this field:<br><br>AA for Ambulatory Aids<br>BB for Bath Bench<br>BEM for Bath Equipment (misc.)<br>BGS for Bone Growth Stimulator<br>BP for Breast Pump<br>C for Commode<br>CG for Compression Garments<br>CSC for Commode/Shower Chair<br>DTS for Diabetic Testing Supplies (See Pharmacy Billing Instructions for POS Billing)<br>ERSO for ERSO-PA<br>FSFS for Floor Sitter/Feeder Seat<br>OS for Orthopedic Shoes<br>OTC for Orthotics<br>OP for Ostomy Product<br>ODME for Other DME<br>OTRR for Other Repairs<br>PL for Patient Lifts<br>PWH for Power Wheelch Home<br>PWNF for Power Wheelch<br>PWR for Power Wheelch Repair<br>PRS for Prone Standers<br>PROS for Prosthetics |

| Field | Name | Action |
|---|---|---|
| | | HB for Hospital Beds<br>HC for Hospital Cribs<br>IS for Incontinent Supplies<br>MWH for Manual Wheelchair - Home<br>MWNF for Manual Wheelchair – NF<br>MWR for Manual Wheelchair Repair<br>RE for Room Equipment<br>SC for Shower Chairs<br>SBS for Specialty "Beds/Surfaces<br>SGD for Speech Generating Devices<br>SF for Standing Frames<br>STND for Standers<br>TU for TENS Units<br>US for Urinary Supplies<br>WDCS for VAC/Wound - decubiti supplies<br>MISC for Miscellaneous<br><br>If you selected "504 – **Home Health**" for field #1, please select one of the following codes for this field:<br>ERSO for ERSO-PA<br>HH for Home Health<br>MISC for Miscellaneous<br>T for Therapies (PT / OT / ST)<br><br>If you selected "505 – **Hospice**" for field #1, please select one of the following codes for this field:<br>ERSO for ERSO-PA<br>HSPC for Hospice<br>MISC for Miscellaneous<br><br>If you selected "506 – **Inpatient Hospital**" for field #1, please select one of the following codes for this field:<br>BS for Bariatric Surgery<br>ERSO for ERSO-PA<br>OOS for Out of State<br>O for Other<br>PAS for PAS<br>RM for Readmission<br>S for Surgery<br>TNP for Transplants<br>VNSS for Vagus Nerve Stimulator<br>MISC for Miscellaneous<br><br>If you selected "508 – **Medical**" for field #1, please select one of the following codes for this field:<br>BSS2 for Bariatric Surgery Stage 2<br>BTX for Botox<br>CIERP for Cochlear Implant Exterior Replacement Parts<br>CR for Cardiac Rehab<br>ERSO for ERSO-PA<br>HEA for Hearing Aids<br>NP for Neuro-Psych<br>OOS for Out of State<br>PSY for Psychotherapy<br>SYN for Synagis<br>T for Therapies (PT/OT/ST)<br>TX for Transportation<br>V for Vision<br>VST for Vest |

| Field | Name | Action |
|---|---|---|
| | | I for Infusion / Parental Therapy<br>MC for Medications<br>VT for Vision Therapy<br>MISC for Miscellaneous<br><br>If you selected "509 – **Medical Nutrition**" for field #1, please select one of the following codes for this field<br>EN for Enteral Nutrition<br>MN for Medical Nutrition<br>MISC for Miscellaneous<br><br>If you selected "511 – **Outpt Proc/Diag**" for field #1, please select one of<br>the following codes for this field:<br><br>CCTA for Coronary CT Angiogram<br>CI for Cochlear Implants<br>ERSO for ERSO-PA<br>GCK for Gamma/Cyber Knife<br>GT for Genetic Testing<br>HO for Hyperbaric Oxygen<br>MRI for MRI<br>OOS for Out of State<br>OTRS for Other Surgery<br>PSCN for PET Scan<br>O for Other<br>S for Surgery<br>SCAN for Radiology<br>MISC for Miscellaneous<br><br>If you selected "513 – **Physical Medicine & Rehabilitation (PM & R)**" for field #1, please select one of the following codes for this field:<br>ERSO for ERSO-PA<br>PMR for PM and R<br>MISC for Miscellaneous<br><br>If you selected "514 – **Aging and Disability Services Administration (ADSA)**" for field #1, please select one of the following codes for this field:<br><br>PDN for Private Duty Nursing<br>MISC for Miscellaneous<br><br>If you selected "518 – **LTAC**" for field #1, please select one of the following codes for this field:<br><br>ERSO for ERSO-PA<br>LTAC for LTAC<br>O for Other |

| Field | Name | Action |
|---|---|---|
| | | If you selected "519 – **Respiratory**" for field #1, please select one of the following codes for this field:<br><br>CPAP for CPAP/BiPAP<br>ERSO for ERSO-PA<br>NEB for Nebulizer<br>OXM for Oximeter<br>OXY for Oxygen<br>SUP for Supplies<br>VENT for Vent<br>O for Other |
| **3** | Name **(Required)** | Enter the last name, first name, and middle initial of the client you are requesting authorization for. |
| **4** | Client ID **(Required)** | Enter the client ID = 9 numbers followed by WA.<br>For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending):<br>▪ Contact the Agency at 1-800-562-3022 and the appropriate extension of the Authorization Unit (See contact section for further instructions).<br>▪ A reference PA will be built with a placeholder client ID.<br>▪ If the PA is approved – once the client ID is known – contact the Agency either by fax or phone with the Client ID.<br>The PA will be updated and you will be able to bill the services approved. |
| **5** | Living Arrangements | Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc. |
| **6** | Reference Auth # | If requesting a change or extension to an existing authorization, please indicate the number in this field. |
| **7** | Requesting NPI # **(Required)** | The 10 digit numeric number that has been assigned to the requesting provider by CMS. |
| **8** | Requesting Fax# | The fax number of the requesting provider. |
| **9** | Billing NPI # **(Required)** | The 10 digit numeric number that has been assigned to the billing provider by CMS. |
| **10** | Name | The name of the billing/servicing provider. |
| **11** | Referring NPI # | The 10 digit numeric number that has been assigned to the referring provider by CMS. |
| **12** | Referring Fax # | The fax number of the referring provider. |
| **13** | Service Start Date | The date the service is planned to be started if known. |
| **15** | Description of service being requested **(Required)** | A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid). |
| **18** | Serial/NEA or Medical Electronic Attachment (MEA) # **(Required for all DME repairs)** | Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA/MEA# to access the x-rays for this request. |
| **20** | Code Qualifier **(Required)** | Enter the letter corresponding to the code from below:<br>T - CDT Proc Code<br>C - CPT Proc Code<br>D - DRG<br>P - HCPCS Proc Code<br>I - ICD-9/10 Proc Code<br>R - Rev Code<br>N - NDC-National Drug Code |

<table>
<tr><th>Field</th><th>Name</th><th>Action</th></tr>
<tr><td></td><td></td><td>S - ICD-9/10 Diagnosis Code</td></tr>
<tr><td>21</td><td>National Code (Required)</td><td>Enter each service code of the item for which you are requesting authorization that correlates to the Code Qualifier entered.</td></tr>
<tr><td>22</td><td>Modifier</td><td>When appropriate enter a modifier.</td></tr>
<tr><td>23</td><td># Units/Days Requested: (Units or $ required).</td><td>Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Medicaid Provider Guide for the appropriate unit/day designation for the service code entered).</td></tr>
<tr><td>24</td><td>$ Amount Requested: (Units or $ required)</td><td>Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Medicaid Provider Guide and fee schedules for assistance). Must be entered in dollars and cents with a decimal (e.g. $400 should be entered as 400.00.</td></tr>
<tr><td>25</td><td>Part # (DME only) (Required for all codes requested)</td><td>Enter the manufacturer part # of the item requested.</td></tr>
<tr><td>26</td><td>Tooth or Quad # (Required for dental requests)</td><td>Enter the tooth or quad number as listed below:<br>QUAD<br>00 – full mouth<br>01 – upper arch<br>02 – lower arch<br>10 – upper right quadrant<br>20 – upper left quadrant<br>30 – lower left quadrant<br>40 – lower right quadrant<br><br>Tooth # 1-32, A-T, AS-TS, and 51-82</td></tr>
<tr><td>27</td><td>Diagnosis Code</td><td>Enter appropriate diagnosis code for condition.</td></tr>
<tr><td>28</td><td>Diagnosis name</td><td>Short description of the diagnosis.</td></tr>
<tr><td>29</td><td>Place of Service</td><td>Enter the appropriate two digit place of service code. CMS maintains the POS code set. To see the code set and definitions go to:<br><br>http://www.wpc-edi.com/reference/<br><br>
<table>
<tr><th>Place of Service Code(s)</th><th>Place of Service Name</th></tr>
<tr><td>1</td><td>Pharmacy</td></tr>
<tr><td>3</td><td>School</td></tr>
<tr><td>4</td><td>Homeless Shelter</td></tr>
<tr><td>5</td><td>Indian Health Service Free-standing Facility</td></tr>
<tr><td>6</td><td>Indian Health Service Provider-based Facility</td></tr>
<tr><td>7</td><td>Tribal 638 Free-standing Facility</td></tr>
<tr><td>8</td><td>Tribal 638 Provider-based Facility</td></tr>
<tr><td>9</td><td>Prison-Correctional Facility</td></tr>
<tr><td>11</td><td>Office</td></tr>
<tr><td>12</td><td>Home</td></tr>
<tr><td>13</td><td>Assisted Living Facility</td></tr>
</table></td></tr>
</table>

| Field | Name | Action | |
|---|---|---|---|
| | | 14 | Group Home |
| | | 15 | Mobile Unit |
| | | 20 | Urgent Care Facility |
| | | 21 | Inpatient Hospital |
| | | 22 | Outpatient Hospital |
| | | 23 | Emergency Room – Hospital |
| | | 24 | Ambulatory Surgical Center |
| | | 25 | Birthing Center |
| | | 26 | Military Treatment Facility |
| | | 31 | Skilled Nursing Facility |
| | | 32 | Nursing Facility |
| | | 33 | Custodial Care Facility |
| | | 34 | Hospice |
| | | 41 | Ambulance - Land |
| | | 42 | Ambulance – Air or Water |
| | | 49 | Independent Clinic |
| | | 50 | Federally Qualified Health Center (FQHC) |
| | | 51 | Inpatient Psychiatric Facility |
| | | 52 | Psychiatric Facility-Partial Hospitalization |
| | | 53 | Community Mental Health Center |
| | | 54 | Intermediate Care Facility (ICF/MR) |
| | | 55 | Residential Substance Abuse Treatment Facility |
| | | 56 | Psychiatric Residential Treatment Center |
| | | 57 | Non-residential Substance Abuse Treatment Facility |
| | | 60 | Mass Immunization Center |
| | | 61 | Comprehensive Inpatient Rehabilitation Facility |
| | | 62 | Comprehensive Outpatient Rehabilitation Facility |
| | | 65 | End-Stage Renal Disease Treatment Facility |
| | | 71 | Public Health Clinic |
| | | 72 | Rural Health Clinic (RHC) |
| | | 81 | Independent Laboratory |
| | | 99 | Other Place of Service |
| **30** | Comments | Enter any free form information you consider necessary. | |

- A confirmation fax will be sent to the provider if the fax number can be identified by caller ID. The receiving fax must recognize the number that the fax has been sent from.
- Please do not use a cover sheet when faxing an authorization request. The Authorization Request Form must be the first page of the fax.
- If faxing multiple requests, they must be faxed one at a time.
- Refer to the program-specific Medicaid Provider Guide for policy-related questions.
- Frequently asked questions, helpful hints, and instructions for completing the authorization request form for our most common service types can be located at: http://hrsa.dshs.wa.gov/Authorization/. This website contains examples of how to fill out the authorization form for specific provider types.
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## Pitfalls

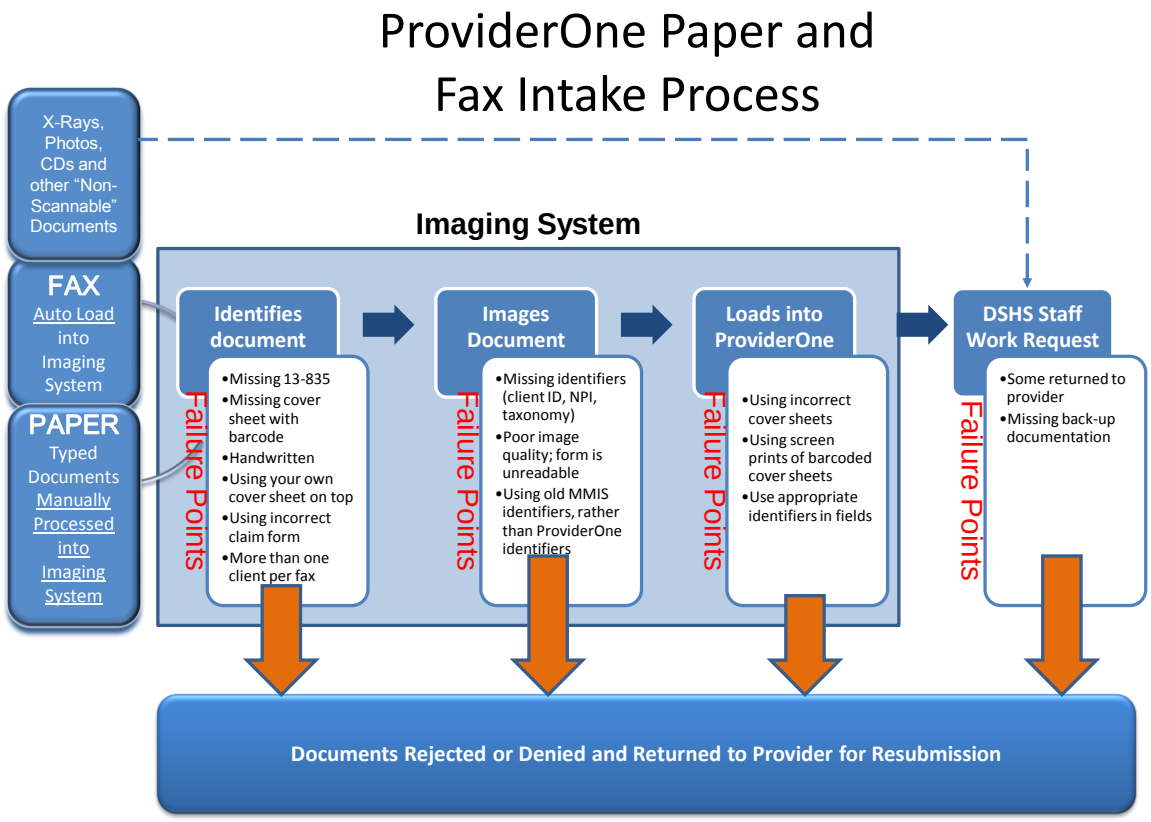
- **Hand writing the authorization request form. Forms that are handwritten will be returned to providers.**
- **Using NPI that is not on the Agency provider file. Providers can confirm the are correct NPI is used by checking step 1 in the ProviderOne provider file. Please see the ProviderOne Provider System User Manual for more information about checking the provider file**
- **Using NPI for servicing/rendering/treating provider in field instead of "pay to provider".**

Key Step
2

# Submit Authorization Request to the Agency with Required Back-up

## Why

ProviderOne uses scanning technology that converts documents received via fax or paper into electronic files. Make sure the form is submitted correctly to the Agency. This will ensure your request can be processed and loaded into ProviderOne. The technology works as outlined below:




## How

### Prepare authorization package

Every effort has been made to ensure this guide's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and an Agency rule, the Agency rule controls.

**By Fax**

Prior authorization requests can be faxed to 1-866-668-1214. If these forms are sent correctly they can be processed and loaded into ProviderOne with less human intervention. Please follow these instructions when submitting a request:

- **Place form 13-835 as the first page that will come over the fax.**
- Please do not use your own cover sheets. The first page that comes over the fax must be the HCA form 13-835.
- Set to size 8 ½ x 11 and photo quality.
- Fax each request to the Agency individually. This means pausing between each fax. If you fax multiple requests to the Agency at once, ProviderOne will group them as a single request.

**By Mail**

Prior Authorization requests can be mailed to:

Authorization Services Office
PO Box 45535
Olympia, WA 98504-5535

If sending x-rays, photos, CDs, or other non scannable items, use the the following steps:

- Place the items in a large envelope;
- Attach the PA request form to the **outside** of the envelope;
- Write on the outside of the envelope:
  - Client name
  - Client ProviderOne ID
  - Your NPI
  - Your name
  - Sections the request is for:
    - MEAU (Medical)
    - DME (Durable Medical Equipment)
    - Dental or Ortho
- Then put the envelope in a larger envelope for mailing.

**Another option for submitting photos or x-rays:**

**Dental**

Providers can submit dental photos or x-rays for Prior Authorization by using the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA). Providers may register with NEA by visiting www.nea-fast.com and entering "FastWDSHS" in the promotion code box. Contact NEA at 800-782-5150 ext. 2 with any questions. When this option is chosen, fax requests to the Agency and indicate the NEA# in the NEA field on the PA Request Form. *There is an associated cost, which will be explained by the NEA services.*

**Medical and DME:**

Providers can also submit photos or x-rays by using the FastLook™ and FastAttach™ services provided by Medical Electronic Attachment, Inc. (MEA). Providers may register with MEA by visiting http://www.mea-fast.com/ and entering "FastWDSHS" in the blue promotion code box. Contact MEA at 1-888-329-9988, ext. 2, with any questions.

When this option is chosen, fax requests to the Agency and indicate the MEA# in the NEA field (box 18) on the PA Request Form. *There is an associated cost, which will be explained by the MEA services.*

**Note:** The Agency is working on a process for using a similar mechanism for medical photos.

## Pitfalls

- **Using a cover sheet when faxing HCA form 13-835 to the Agency. The first page of the fax must be the Agency's authorization request form.**
- **Using automated outbound fax technology that has altered the size of the paper from 8 ½ x 11.**
- **Not having date stamp information up to date on your fax machine.**
- **Not setting your fax machine to photo quality images.**
- **Not putting x-rays, photos CDs in a separate envelope and not adding the required information on the outside of the inside envelope. The requests get returned to the provider if they are not submitted correctly.**

Key Step
3

# Check the Status of a Request

## Why

While waiting for the authorization request to process, providers can check the status using the IVR or ProviderOne.

## How

**Two preferred methods to check an authorization status request include:**

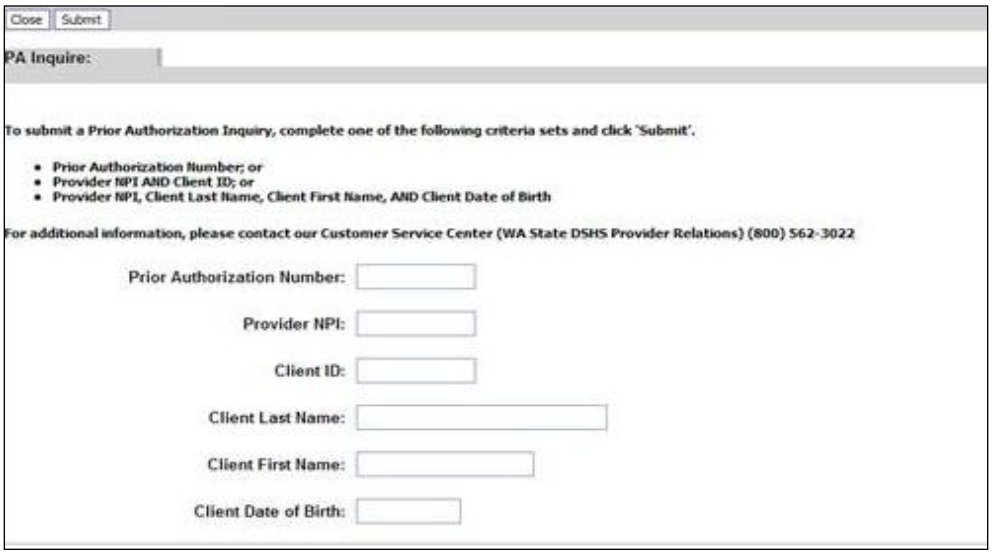
**Using the IVR**

A provider will need the NPI used when preparing the authorization request form, the ProviderOne Client ID, and date of birth to use the IVR. The IVR will provide the authorization number as well as the status information. Please see Appendix A for details on using the IVR to check authorization status.

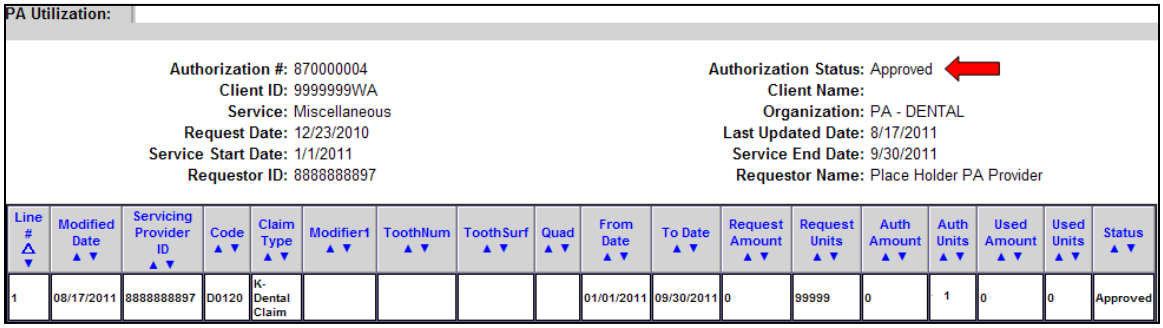
**Using ProviderOne**

Select "Provider Authorization Inquiry" from the provider home page.

Search by one of the following options:
- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth



If the system finds an authorization request, it will return the authorization request status.



PA Utilization:

**Authorization #:** 870000004
**Client ID:** 9999999WA
**Service:** Miscellaneous
**Request Date:** 12/23/2010
**Service Start Date:** 1/1/2011
**Requestor ID:** 8888888897

**Authorization Status:** Approved
**Client Name:**
**Organization:** PA - DENTAL
**Last Updated Date:** 8/17/2011
**Service End Date:** 9/30/2011
**Requestor Name:** Place Holder PA Provider

| Line # | Modified Date | Servicing Provider ID | Code | Claim Type | Modifier1 | ToothNum | ToothSurf | Quad | From Date | To Date | Request Amount | Request Units | Auth Amount | Auth Units | Used Amount | Used Units | Status |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 08/17/2011 | 8888888897 | D0120 | K-Dental Claim | | | | | 01/01/2011 | 09/30/2011 | 0 | 99999 | 0 | 1 | 0 | 0 | Approved |

The following Authorization statuses may be returned:

| | |
|---|---|
| Requested | This means the authorization has been requested and received. |
| In Review | This means the authorization is currently being reviewed. |
| Cancelled | This means the authorization request has been cancelled. |
| Pended | This means we have requested additional information from the provider in order to make a decision on the request. |
| Referred | This means the request has been forwarded to a second level reviewer. |
| Approved/Hold | This means the request has been approved, but additional information is necessary before the authorization will be released for billing. |
| Approved/Denied | This means the request has been partially approved and some services have been denied. |
| Rejected | This means the request was returned to the provider as incomplete. |
| Approved | This means the Agency has approved the request. |
| Denied | This means the Agency has denied the request. |

## Pitfalls

- **Calling the Medical Assistance Customer Service Center and waiting on hold to talk with an agent to check the status of an authorization request. Providers can check the status without having to talk with a customer service representative.**

Key Step
4

# Send in Additional Documentation if Requested by the Agency

## Why

Once the Agency receives an authorization request, it will proceed through the review process. The Agency may request additional information in order to process the request.

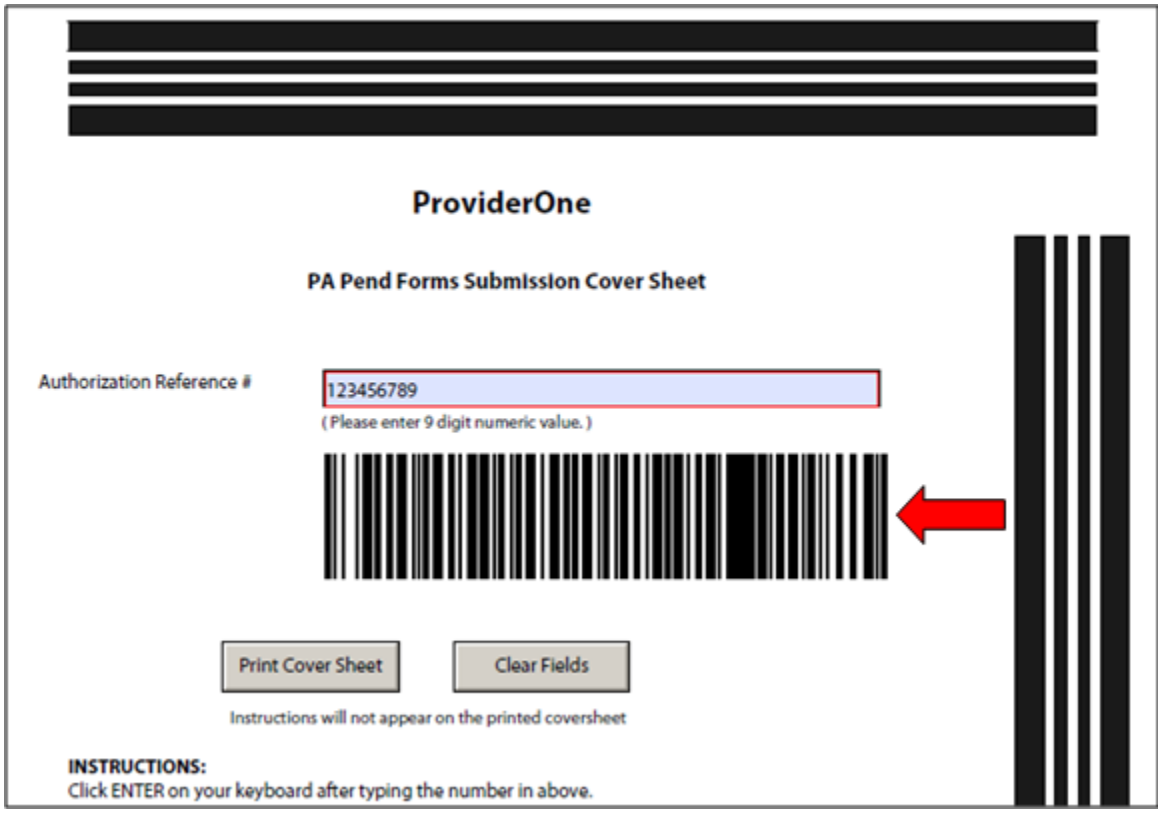
## How

If providers are mailing/faxing supporting documentation, or responding to a request from the Agency for additional information, an Agency cover sheet printout is needed. These cover sheets are needed when faxing or mailing in back-up documentation to an existing authorization request. Cover Sheets can be located at: http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html.

There are many cover sheets that can be used for different tasks available on this website. Providers will want to use the "PA Pend Forms" cover sheet for submitting additional information to an existing authorization request. Providers will need to know the authorization number in order to use this cover sheet.

After selecting this form, providers will be asked to fill in the PA ID. This is the 9-digit authorization number to key in that box. Do not copy and paste the PA number into this field. Once the PA ID is keyed in the box, a barcode will be generated by hitting the "enter" key. This bar code allows our scanner to read the number, similar to the grocery store when an item is scanned and the description and price appear on the screen of the register. Then just print the completed form, attach it to the supporting documentation, and submit either via fax (1-866-668-1214) or mail (PO Box 45535, Olympia, WA 98504-5535).

Here is an example of the PA cover sheet. You can see the authorization number entered created a complete barcode:




## Cover Sheet Tips

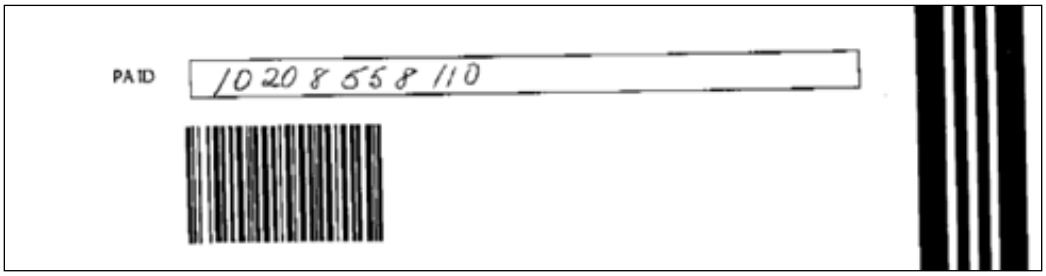
- Hit the enter key after typing in the complete authorization number so the barcode is created (arrow). Cover sheets without completed barcodes will be returned.
- Providers must submit a separate cover sheet for each authorization request when submitting back-up documentation.
- If faxing multiple documents, each cover sheet and documentation set must be faxed individually. If providers fax multiple requests to the Agency at once, ProviderOne will group them as a single request and all attachments will be attached to the electronic record for the authorization identified on the first cover sheet.
- If mailing, multiple sets of documentation can be mailed in a single envelope.
- Providers can save the link to the cover sheets as a "Favorite," but always get them real-time from our Web site to make sure they are using the correct version. **Do not save these to the computer desktop and re-use them.**
- Do not use a cover sheet when submitting an original prior authorization form.
- If a provider is creating multiple cover sheets on the same "template", be sure to click "Clear Fields" before entering the next authorization number.

**Examples of Non Scannable Cover Sheets**

It is important that our new scanning technology be able to read the barcode on the cover sheet. If the fax quality is poor, or the barcode is incomplete, it cannot be scanned. It is important to remember that these faxed documents are scanned directly into ProviderOne and are not touched by a staff worker.

Here is an example of a poor quality image. The barcode below cannot be read because there are black dots all over the image. Please set your fax to "photo quality image" to improve the image quality:


This is an example of a handwritten cover sheet. The barcode is incomplete and ProviderOne will not be able to read this cover sheet and attach the submitted documentation to the electronic authorization record:




## Pitfalls

- **Not completing the barcode. If providers do not press the "enter" key after typing the PA ID, the barcode will not be created.**
- **Using the Client ID instead of the PA ID. Providers must enter the Prior Authorization number on the cover sheet.**
- **Sending a cover sheet that is a poor quality image. Barcodes must be readable by the scanner.**
- **Sending an original authorization request form 13-835 when sending in additional information to attach to an existing authorization record.**

# Appendix A: Use IVR to Check Status of an Authorization

## Shortcut

**1-800-562-3022**

**Key [1] + [5] + [2]**

## What will I hear?

The IVR will play the information only to the provider(s) identified on the authorization.

Search by the DSHS Services Card number and date of birth or by the authorization number.

If multiple authorization numbers are found, narrow the search with an NDC or Service Code as well as an expected date of service.

The types of information available are:

- **Authorization Number**
- Status date
- Status, such as
  - Approved
  - In Review
  - Denied
  - Referred
  - Pending
  - Cancelled

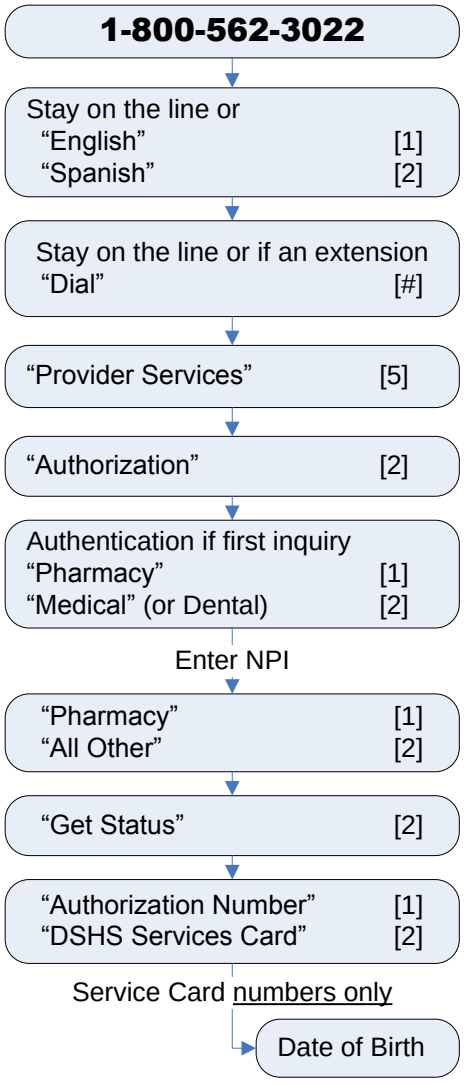
## Helpful Hints

- Do not say the"WA" part of the Services Card.
- Say the numbers only for the Services Code, skip the letters.
- Use your phone's "mute" option and key choices for the fastest navigation.

## How

The ProviderOne IVR accepts voice responses or **keypad entries**, indicated by brackets [ ]. You can key ahead anytime.

Below is an overview of the prompts, see next page for detailed step-by-step instructions.



## Detailed Steps for Non-Pharmacy Providers

**Note:** The quickest navigation is using the keys on your phone

1. Dial 1-800-562-3022, the welcome message will play.
2. **Stay on the line**, don't say anything, the system is sensitive. Or, press 1 to go to the next step faster. The system will then ask about an extension.
3. **Stay on the line**. The main menu will play.
4. **Press 5** or say "Provider". The provider menu will play.
5. **Press 2** or say "Authorization". If this is the first inquiry of the call, the system needs to collect your information. The system will ask what type of provider you are.
6. **Press 2** or say "Medical". If any other type of provider, press 2. The system will ask for your NPI number.
7. **Enter the NPI** or say the NPI numbers individually. For example, if your number was 1023456, say "one", "zero","two", etc. Do not say, "ten", "twenty-three". Saying the letter "O" is not understood for a zero. The system will then ask for the type of authorization.
8. **Press 2** or say "All Other." The system will ask what you want to do next.
9. **Press 2** or say "Get Status." Saying "submit" or pressing 1 will route the call out of the IVR. The system will next ask how you want to search for the status.
10. **Press 2** or say "DSHS Services Card, or if you have the authorization number, press 1 or say "Authorization number". The system will ask for the numbers.
11. **Enter the numbers.** If using a services card, do not say or try to enter "WA".
    a. Enter the client's date of birth, for example 03122010.
12. If more than one authorization number is found, **enter the numbers of the service** or procedure code. Do not enter or say any letters.
13. Enter the anticipated or expected date of service.

    If there are still multiple authorizations, the system will transfer you to a staff person.

    **The system will play the authorization number, the status and date of that status.**